No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2326

Registration District No. 213   Primary Registration District No. 3014   Registrar's No. 15

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write RURAL and name of township)
(c) Name of hospital or institution 222-W-Dunklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..............
(Specify whether
In this community..............
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town 222-W-Dunklin 5
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?..............years.

3. (a) PRINT FULL NAME Joseph Pope

3. (b) If veteran, name war.   3. (c) Social Security No.

4. Sex Male   5. Color or race Wh   6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Pope   6. (c) Age of husband or wife if alive..............years

7. Birth date of deceased Aug 12 1870
(Month) (Day) (Year)

8. AGE: Years 70 | Months 5 | Days 1 | If less than one day ..hr. ..min.

9. Birthplace Tyrol Austria 8
(City, town or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business

FATHER
12. Name Jos. Pope
13. Birthplace Austria 8
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Austria 8
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Pope
(b) Address 222-W-Dunklin

17. (a) Burial (b) Date thereof Jan 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Tanner Funeral Home
(b) Address 700 Jefferson

19. (a) 1-21-41 (b) Durburford M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from June
.........., 19 38, to Jan. 13, 19 41,
that I last saw him alive on Jan. 13, 19 41,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 24 hrs
Due to Coronary Disease 2 yrs
Due to Arteriosclerosis
Other conditions Auricular fibrillation
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. Orrman (M.D. or other)
Address Jefferson City Mo. Date signed 1.18.41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Osmond

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..........................

...., Registered Apprentice No............................

working under my personal supervision.

Signed _L. H. Anderson_

Licensed Embalmer No. _3641_

P. O. Address _Jefferson City_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.